



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 9:00 am, Jun 04, 2014

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN 204113	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 06/02/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Carter County Sheriff's Department, Van Buren, Missouri 63965		TIME OF INSPECTION 9:25 pm

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 06/02/2014 2125 hrs.
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth Laboratories, Inc. LOT # 13290 EXP. DATE 10/29/2015	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.1 °C SIMULATOR SN G11070 EXP. DATE 12/31/2014	
<input checked="" type="checkbox"/> CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	
TEST 1 0.098	TEST 2 0.099
TEST 3 0.099	

☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	2	(.15-.19)	0	OVER .19	0
----------	---	---------	---	-----------	---	-----------	---	-----------	---	----------	---

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY).

INSPECTING OFFICER

SIGNATURE Tpr. M.T. Weakley #1144	PRINT FULL NAME Tpr. M.T. Weakley #1144
TYPE II PERMIT NUMBER/EXPIRATION DATE 240116 03/11/2016	TELEPHONE NUMBER (417) 469-3121

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **13290** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 31, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1202%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 29, 2015** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT
TYPE II

MICHAEL T WEAKLEY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE **02/08/2013**

NUMBER **230029**

EXPIRES **02/08/2015**

MO 590-0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Michael T Weakley
Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R8-10)

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204113
06/02/14

ARREST TIME: 21:00
SUBJECT NAME:
XXXX/XXXX/XXXX
DOB: 01/06/82 SEX: M
STATE/D.L.: MO/123456789
ARRESTING OFFICER:
WEAKLEY/MICHAEL/TODD
OFFICER I.D.: 1144
TESTING OFFICER:
WEAKLEY/MICHAEL/TODD
OFFICER I.D.: 1144
PERMIT NUMBER: 240116
EXPIRATION DATE: 03/11/16
MISCELLANEOUS DATA:
CARTER CO RFI

--- BREATH ANALYSIS ---

BLANK TEST	.000	21:36
INTERNAL STANDARD	VERIFIED	21:36
RADIO INTERFERENCE		

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204113
06/02/14

TESTING OFFICER:
WEAKLEY/MICHAEL/TODD
OFFICER I.D.: 1144
PERMIT NUMBER: 240116
EXPIRATION DATE: 03/11/16
MISCELLANEOUS DATA:
CARTER COUNTY

--- SUPERVISOR MODE ---

BLANK TEST	.000	21:30
INTERNAL STANDARD	VERIFIED	21:30
EXTERNAL STANDARD	.098	21:30
BLANK TEST	.000	21:31
EXTERNAL STANDARD	.099	21:31
BLANK TEST	.000	21:32
EXTERNAL STANDARD	.099	21:32
BLANK TEST	.000	21:33

N = 3
SIM. = .1
AVG. = .0986

Operator Signature

TPD M.T. WEAKLEY #1144

ator Signature

TPD M.T. WEAKLEY #1144

Face This Side Down - This Edge In First

BAC DataMaster

Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204113

06/02/14

21:25

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS

SAMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGH
IJKLMNOPQRSTUVWXYZ\]^_`abcdefghijklmnopqrstuvwxyz{|}~
~{|}abcdefghijklmnopqrstuvwxyz{|}~

Operator Signature

TPR M.T. WEAKLEY #1144